



Department of Labor, Workers' Compensation
 Workers' Compensation
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www.labor.vermont.gov

DOL FORM 25 (Rev. 1/2018)
 State File No. _____
 Ins. Co. File No. _____
 Date of Injury _____
 Fed. ID No. _____

WAGE STATEMENT – For injuries occurring on or after July 1, 2008

Employee: _____

Employer: _____

Wage Rate: \$ _____ per _____ Number of Days Hired to Work: _____ Number of Hours Hired to Work: _____

	Week Ending			Number of Hours or Days Worked	Gross Wages	Extras (as in 6 or 7) Please indicate what the extra is, for example, \$1000.00 bonus
	Month	Day	Year			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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23						
24						
25						
26						

**INSTRUCTIONS:
Read Carefully**

1. Enter **GROSS** wages of employee for 26 weeks before date of accident (**NOT take-home pay**).
2. Do not include the week of the accident.
3. Leave blank those weeks in which the employee had excused absences for which he/she was paid for less than 1/2 of a work week.
4. Leave blank those weeks in which you had reduced operations or a plant shutdown and for which the employee was paid for less than 1/2 of a work week.
5. Do not enter those weeks in which an employee was on vacation for more than 1/2 of a work week.
6. If room, board, lodging or other "extras" (electricity, fuel, etc.) are provided in addition to monetary wages, break these down into a weekly value, and include and describe the income in the column marked "EXTRAS." This includes tips if not included in gross wages.
7. Include any bonuses and commissions paid to the employee in addition to wages in the column marked "EXTRAS."
8. Enter the dates when your normal work week ends (not the date a check is issued to the employee) and the number of hours or days worked.

When did the employee begin losing time? _____ Was the employee paid in full for the day of the accident? _____

Are employee's wages subject to any child support withholding order? Yes No
 If yes, in what amount? \$ _____ per _____

Day of the week the check will be mailed to the claimant or deposited in the claimant's account _____

This is a correct statement of the employee's earnings as taken from the employer's payroll records.

By: _____ Position Title: _____
 Signature of Preparer

Print Name: _____ Date: _____